



Department of Health

## Town Health Officer Recommendation Form

(Please complete all the information)

Recommended for:

☐ Health Officer                      or                      ☐ Deputy Health Officer

Is this a:

☐ New Appointment                      or                      ☐ Re-Appointment

Start Date: \_\_\_\_\_ Resignation letter needed from previous H. O.? ☐ Yes ☐ No

Town/Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Delivery Address: \_\_\_\_\_

Street Address for UPS Deliveries: \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Education: High School \_\_\_\_ College \_\_\_\_ Other \_\_\_\_ Professional Degree \_\_\_\_\_

Occupation: \_\_\_\_\_

Please give a brief statement noting why the Selectboard believes the recommended individual will make a good Health Officer: \_\_\_\_\_

Signed:

\_\_\_\_\_  
Chair of the Selectboard

\_\_\_\_\_  
Date

**Please return the completed information to:** Vermont Department of Health/ THO

108 Cherry St., P. O. Box 70

Burlington, VT 05402-0070

802-863-7333

Fax: 802-863-7229